

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

4417

**1. PLACE OF DEATH**

County Cooper  
Towship Boonville  
City Boonville

Registration District No. 218  
Primary Registration District No. 3218

File No. \_\_\_\_\_  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. George H. Schallmeyer St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

SEX Male COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3-1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 | 4 | \_\_\_\_\_ | \_\_\_\_\_

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Lineman  
(b) General nature of industry, business, or establishment in which employed (or employer) Bell Telephone Co  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lipton Mo

10. NAME OF FATHER Ignatius Schallmeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Smithton Ill

12. MAIDEN NAME OF MOTHER Barbara Treutner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Rochester N. York

14. INFORMANT (Address) Louis J. Speck  
Lipton Mo

15. FILE NO. 2442, 1928 REGISTRAR W. Smiley

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1928, to Feb 2, 1928 that I last saw h. l. m. alive on Feb 2, 1928, and that death occurred, on the date stated above, at 12:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myelogenous Leukemia  
728  
9313 (duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis (duration) 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF BIRTH) Lipton Mo

19. DID AN OPERATION PRECEDE DEATH? no DATE OF Jan 30 1928  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory  
(Signed) A. van Ravenswaay, M. D.  
Boonville Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery DATE OF BURIAL Feb 4 1928

20. UNDERTAKER Schwitzky-Meister ADDRESS Boonville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

20 1928

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1850  
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